



## Rep. Eileen Cody

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# Report on the 2008 Session

34th LEGISLATIVE DISTRICT  
Spring 2008



Dear neighbors,

The 2008 session of the Legislature is over – we passed a balanced budget and finished our work on time.

This newsletter is my chance to tell you about issues important to us back home. Since I'm chair of Health Care and Wellness, I'll focus on health care and ferries, as I know my good seatmate Rep. Sharon Nelson will say a bit about Maury Island and Senator Joe McDermott will tell you what happened with education.

Inside this newsletter:

**Health care**

- Finding the right model to make health care more affordable for all
- Giving workers at small businesses more affordable health coverage
- Preventing medical errors and protecting patient safety
- Mental health, because health care doesn't start from the neck down

**The state budget** – Including new local construction projects.

**Ferries** – What we did to improve ferry service.

To be more accessible to citizens, I'll open a district office again this year, with my aide, Yuh-line Niou, working here in West Seattle instead of Olympia. I work part-time as a nurse when the Legislature is not in session, but the legislative work never really disappears and I've found that having an office in the district is helpful for citizens.

Thank you for reading this newsletter, and thank you to all the citizens who took the time to get informed and involved this session. Your calls, e-mails and letters mattered to me and I hope to hear from you again.

Sincerely yours,

*Eileen Cody*

Rep. Eileen Cody  
D-West Seattle  
Chair, Health Care and Wellness



# Report on the 2008 Session

## 34th LEGISLATIVE DISTRICT

### Better health care for all



Our families rely on affordable, top-quality health care. As a nurse, I haven't met too many people who go through life never needing any health care at all – we all need to see the doctor and dentist once in a while, even if it's just to get our shots, update our eyeglass prescriptions and get our teeth cleaned.

And if, your son is hurt in a car accident or your mom gets diagnosed with breast cancer, then it's critical that your family has good health coverage so that you don't go bankrupt.

There's nothing more precious or irreplaceable than your health and that of your loved ones. So it's important to get health care right.

As chair of Health Care and Wellness, I see the good and bad parts of our health care system up close. I see nurses and doctors who dedicate their lives to helping other people stay healthy and I see working moms and dads who have full time jobs but can't afford to buy health insurance for their families.

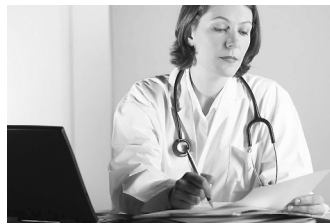
Our health care system is complicated; reforming it is like redesigning and rebuilding an airplane while it's in flight. It's a tough job. Some say impossible.

But I believe not only that we can do better, but that we must, because every family in Washington state is counting on the health care system to be there for them when they need it most.

### ■ Citizen's Working Group

(Senate Bill 6333)

This bill goes after two critical components of any health-care reform effort. Past reforms didn't have the benefit of serious, in-depth economic analysis or extensive involvement in the process by citizens, health care professionals and business leaders.



If we're going to reverse the bad trends of fewer employers offering health care and fewer individuals being able to afford coverage, we need to reform how we deliver health care.

Under this new law, an independent body will perform a comprehensive economic analysis of every major health care reform out there. This isn't a policy person taking a pencil to documents -- this will be putting the economic model of the reform into a big computer and seeing how each reform would really work.

It's important for us to be this rigorous because we need to know how each reform would affect businesses and workers, taxpayers and local governments, doctors and nurses. We also need to make sure we get more from the money we spend. The country can not continue to afford the soaring health care costs we are suffering under.

The economic modeling and analysis will be completed this year. Then, a Citizen's Working Group on Health Care Reform will travel the state, talking to citizens and stakeholders and seeing what changes they want – or don't want – to make our health care system better.

I ordinarily don't like studies; I typically like to take action. In this case, it's like making a complicated diagnosis. You don't want to give a patient surgery and chemotherapy if they don't have cancer. We expect health care reform to be greatly affected by a new president and new Congress, so its best that we do the homework now to prepare for the long 2009 session.

### ■ Health Insurance Partnership

(Senate Bill 2537)

It's a myth that people without health coverage are unemployed. Most have jobs – they just work for small businesses that can't afford to offer health benefits. To help fix this, the legislature passed in 2007 a bill to create the Health Insurance Partnership, a public-private marketplace to make health insurance coverage more affordable and accessible for small employers with low-wage employees.

The HIP board came to the 2008 legislature to request modifications to ensure that the program could be successfully implemented. We made the necessary changes and the Partnership is on track to start enrolling small businesses and their employees in January 2009, with coverage beginning March 2009.



### ■ Patient-centered care

(House Bill 2549)

Our health care system often fragments our care among physicians, hospitals and medical testing. That lack of coordination results in poorer quality care and higher costs.

This law will help move us toward a health care system in which every person has a “medical home” – a doctor (or nurse-practitioner, or other primary provider) who knows your name and medical history, gives you preventative care – like checkups and shots – and coordinates your care if you see other specialists.

This legislation provides funding for primary care providers to participate in medical home collaboratives and will develop new payment strategies to encourage primary care and medical homes for people who get their health care coverage through state-funded programs like Medicaid, the Basic Health Plan and state employees’ health plans.

We will work with the private sector and others to develop these payment strategies, and we secured \$500,000 in the state budget to get this done. Far too many people don’t have a medical home, and that winds up costing all of us more, because they go to the ER as a last resort or don’t see anyone at all, turning ailments that could’ve been prevented or fixed early into a medical emergency.



### ■ Patient safety - medical errors

(Senate bill 6457)



We can do a better job of preventing medical errors. To focus on this problem – and to give citizens better information when they’re looking for a hospital – this law requires hospitals and surgical centers

to report “adverse events” to the Department of Health. “Adverse events” are actions that result in harm to patients, but could have been prevented.

Under this new law, citizens will be able to see this information and know how hospitals compare to each other on medical errors, arming them with better knowledge and putting public pressure on hospitals and surgical centers to improve this rate every year.

### Discipline bill

(House Bill 1103)

Teachers in our public schools get background checks, because we trust them with our kids and grandkids. It’s right that the state does background checks on doctors, nurses, dentists and other health professionals, because we trust them with our health and our lives.

This new law includes a number of changes to make it easier for the state to identify and discipline health professionals who pose a risk to the public:

- more extensive background checks for people applying for a health profession license;
- greater authority for the Department of Health to respond to allegations of sexual misconduct by a health professional;
- requiring reports from health care facilities or other entities that take action against health professionals for unprofessional conduct; and
- giving the Department of Health and regulatory boards access to available funds when needed to take action against health professionals who have engaged in unprofessional conduct.



### Registered counselors

(House Bill 2674)

Before we passed this law, all it took to be a registered counselor was a check for \$40 and a background check. You didn’t need a college degree or any kind of special training. While many registered counselors did a good job, we had cases of people hanging out their shingle as registered counselors who honestly should never have been in the business.

This law improves patient safety by more closely defining the necessary qualifications, training and scope of practice for counselors. People will be able to work as counselors for licensed agencies, or as a part of working towards licensure as a social worker, mental health counselor or chemical dependency professional. However, if they want to be in private practice, they will have to apply to become “certified counselors” or “certified advisers,” by meeting minimum educational requirements, passing an exam and having a consultation or supervision agreement with a licensed mental health professional. The services they can provide are also defined in law.

# Report on the 2008 Session

## 34th LEGISLATIVE DISTRICT

### Mental health

I'm happy to say that the health of our most vital organ – our brains – is finally being given the same weight as the rest of our body, as the Legislature passed mental-health parity a few sessions ago and the law has taken effect.

This session, we built upon that success by putting more money into mental health, including funds to educate the public about how to recognize and respond to a person who appears to be in a mental-health crisis. I think of it as mental health first aid.

There's also \$2.2 million for more staffing at Western State Hospital and Eastern State Hospital and a \$6.25 million to help people in crisis who are not eligible for Medicaid.

### The state budget

Not only did we finish our work on time, we passed a balanced budget – and put \$850 million in the bank for a rainy day.

The state's construction budget also includes three new projects here at home in the 34th District:

- \$2 million for the Greenbridge Early Learning Center in White Center
- \$1.5 million to relocate the Highline West Seattle Mental Health Facility
- \$300,000 for the Seahurst Environmental Center.
- \$4.8 million in grant money available to convert surplus schools into community facilities, with six schools eligible, including the Fauntleroy school.



### Ferries

The families of the 34th District rely upon reliable, affordable ferry service. It's how many people get to work or to college every day, and for many islanders, it's the only link they have to the rest of the world.

This session, our transportation budget includes new support for families who rely on our ferry system, which is the nation's largest.

The budget:

- Funds \$85 million to build three 100-car vessels to replace the four steel electric ferries that were pulled out of service late last year because of deterioration, and to sell the old ferries;
- Invests \$283 million to build three 144-car ferries, whose construction has been delayed for at least four years;
- Freezes ferry fare increases;
- Puts most ferry terminal work on hold, although \$9 million is earmarked to replace part of the Vashon Island terminal.

